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DISEASES OF THE OVARIA, WITH CASES.

[Communicated for the Boston Medical and Surgical Journal.]

Extract from a Lecture given by PROF. A. TROWBRIDGE, *before the Medical Class of the Willoughby University of Lake Erie*, 1841.

* * * * * * THUS I have given you some interesting and important anatomical and physiological facts in relation to the ovaria, with a history of some of the most important diseases of these organs, and their treatment. As cases of dropsy of the ovaria are very common, and, I believe, but little understood by physicians in general, and as they call for surgical aid, and involve some important practical facts, I will relate a few cases which go to demonstrate what I have brought to your view, and to support the propositions which I contend are correct in practice.

Ovarian dropsy at an advanced stage resembles ascites, and it is difficult to distinguish the two affections. The abdominal enlargement is at first not uniform. It begins on one side, a little above the pubis. The system is disturbed only by its pressure and irritation on the abdominal viscera. The general health at first is but little impaired; no thirst attends, or scanty secretion of urine. If one ovarium only is affected, which is generally the case, there is a catamenial discharge.

In the treatment of ovarian dropsies, bloodletting, mercury, iodine, diuretics, emetics, friction, percussion, and a variety of other remedies, have been recommended, and used by writers, and are found to be of little use. When the distention becomes great, the trocar must be used, and by a repetition of tapping, the life of the patient may be prolonged. To cure, a different course of treatment must be adopted. In support of this opinion I will relate a few cases, with their treatment. I reported a case of ovarian disease, cured by an operation, which was published in the Boston Medical Intelligencer of the 9th of October, 1827, Vol. V., page 337. Soon after the publication of this case, I treated several others successfully, in the same manner, by opening and placing tubes. I would, remark in relation to Mrs. H.'s case reported, that she recovered, and bore a healthy child two years after the treatment referred to.

A similar case was that of Mrs. Fuller, of Jefferson Co. N. Y., who had been a patient of Dr. Goodale for several months previous to my being called. Mrs. F. was a delicate, feeble woman. She had been married about ten years, and gave birth to one child four years after marriage. Three years after this, she discovered a small, hard body within the abdomen, on the left side, above the pubis. At first, it was attended

with no pain, but in twenty months it was enlarged and extended across to the right side, producing a uniformity of enlargement of the lower part of the abdomen. It was now considered a case of dropsy, or ascites, and treated as such. Drastic, cathartic and depleting remedies produced great debility, without diminishing the abdominal enlargement.

In consultation I advised treatment for ovarian disease, or dropsy, by making a free opening and placing a tube. This course was adopted, and about three quarts of fluid were let out. After the tube was placed, a discharge of fluid followed daily for a number of weeks. The enlargement diminished, and was brought to a small compass. Some pain about the opening and feverish excitement of the whole system attended during this process, and finally a small tube was worn for five months, when the parts appeared sound, and she in her usual state of health.

Mrs. Carter, of Jefferson Co., N. Y., aged 27 years, had been married about four years. Two years after marriage, perceived a tumor on her left side over the pubis. Twelve months from its discovery, she became pregnant, and about the fifth month of gestation, I was consulted in her case. She was suffering from great distention of the abdomen, which was uniform; constant pain around the whole abdomen, with chills, followed with fever daily; and was also subjected to the usual symptoms attendant on pregnancy. The history of her case, given by herself and attendant physician, induced me to think her sufferings were occasioned by a sac formed from the ovaria, combined with the enlargement of the uterus from the progress of gestation. I advised an opening, which was made by passing the trocar, in the usual way of tapping, in the left side. About five quarts of fluid were drawn off. This lessened the tension and distress, and gave immediate relief. A tube was then placed, and worn about five weeks, and a constant discharge followed. It was then removed, and she passed on to the usual time, and was delivered of a healthy child. Her recovery from this process was favorable; but a small, hard tumor was discoverable near that portion of the abdomen where it first made its appearance. This remained stationary for about two years. She then became pregnant and gave birth to another child. Soon after this the tumor enlarged and produced a uniform distention of the abdomen. In consultation, I advised tapping, and a discharge of seven quarts of fluid, of a chocolate color, followed. She was attended with symptoms of a morbid state of the parts; chills followed, with fever; great soreness of the parts and tenderness over the abdomen; sickness at the stomach, faintness and emaciation. She continued in this declining state for six weeks, and expired. No examination was made after death.

I was consulted in a case of an unmarried lady, at the age of twenty years, who was supposed by her friends to be pregnant, though they had no ground for their suspicion except her external appearance, which was an enlargement of the abdomen. There was but little derangement of her system, or secretions. Her health was good; but a gradual enlargement of the abdomen had been observed for several months previous to my seeing her. No medical opinion or aid had been obtained. Evident fluctuation was perceptible, and her history of the commencement and progress of the case induced me to believe it was an ovarian dropsy.

The usual remedies for ascites were applied, without giving relief. The trocar was then used, and there was a discharge of about five quarts of fluid. This gave relief for about two months, when an enlargement again took place as before. This confirmed me in the opinion that it was ovarian dropsy. After the tapping, from the circumstance of a hardness being felt over the colon, on the left side of the abdomen, a tenderness was discovered by slight pressure. She consented to an opening, and I made an incision three inches long, beginning at the linea alba, and carrying it in the direction of the oblique abdominal muscles about three inches. After the peritoneum was opened, four quarts of fluid were discharged; no sac or diseased ovaria was found. The whole peritoneal lining of the abdomen, as far as it could be examined, was in a state of chronic inflammation, much thickened, and everywhere covered with small blotches or pimples, resembling distinct smallpox. Here was an entire mistake in her case. It was chronic peritonitis, which had occasioned the effusion of fluid into the cavity of the abdomen. It was a case of ascites, and the enlargement or hardness on the left side of the abdomen was an enlargement of the colon and thickening of its coats. The incision was united by adhesive plasters and secured by bandages, and treatment for chronic peritonitis accomplished a cure. This appeared to be expedited very much by the effects of the incision. A discharge of fluid was kept up for several weeks. She entirely recovered, and went again on service in the domestic business of house-keeping.

I was in consultation with Drs. Miller and Perry, at Lewville, Lewis Co., N. Y., in an interesting case of ovarian dropsy. Miss Chapman, aged 21, first discovered an enlargement on the left side, near the pubis, at the age of 19. It soon extended to the right side, and produced a uniformity of enlargement of the whole abdomen, and suppression of catamenial discharges. Dr. Perry treated her for retention of menses, and finally for ascites. No relief was obtained, but a rapid increase of enlargement of the abdomen, and great feebleness from drastic cathartics and other medicine. Two days before I was called in consultation, her respiration had become so difficult from pressure on the diaphragm, that tapping was recommended by Dr. Miller, and the operation was made by passing a large trocar in the usual place on the linea alba. This instrument was passed its whole length, but no fluid obtained; and this was the cause of my being called in consultation. On meeting the gentlemen, and hearing their history of the case and some remarks made by the patient, I was satisfied her case was ovarian dropsy, and that the failure in the operation to obtain fluid, was owing to the body of the ovarium being enlarged and resting against the portion of the abdomen where the trocar was introduced. This I had discovered was a difficulty to be met with in tapping for ovarian dropsy. This is a practical fact, which is of importance to remember when you become practical surgeons. I had supposed the old mode of introducing the trocar on the side between the umbilicus and the anterior superior spinous process of the ileum in all cases of females, was the most safe and proper. This was immediately done in this case, and seven gallons of fluid drawn off. After this her respiration became free, and the parts diseased readily ascertained. A hard body

was discovered under the median line, extending to the left ileum and side. It was a diseased ovarium—ovarian dropsy. Paracentesis relieved her, but this could only be temporary. Submitting the case to time with the usual treatment, would be to obtain a new accumulation of fluid, and cause a repetition of tapping, till the system was prostrated and life terminated. This was explained to the patient and friends, and a course for a more permanent result by opening, removing the membranous formation, placing tubes, &c., was explained; but the palliating course was selected by the patient, and the other was not urged. Several tappings took place afterwards, and she was attended with a gradual decline till death closed the scene. A post-mortem examination was made by Dr. Miller, and the facts in the case communicated in the following letter.

Lewville, May 26, 1828.

"Dr. A. Trowbridge.—Dear Sir—Miss Chapman died on Wednesday last, and the same day I examined her case by dissection. The disease was found to be a dropsical state of the left ovarium. There was no fluid in the cavity of the abdomen, neither do I think there ever had been. The fluid was all contained in a cyst, and whenever she had been operated on to draw off fluid, the puncture had been made through the cavity of the abdomen into the cyst. The cyst containing the fluid was so distended as to fill the whole cavity of the abdomen. There was a slight adhesion of the cyst to the peritoneum a little below the navel, surrounding the spot where the puncture was first made. There was likewise a slight morbid adhesion of the cyst to the omentum over the stomach, which I took to be of recent origin. All the adhesions were easily separated by my fingers, without the assistance of a knife. After I had separated the cyst and brought it to view, I easily raised the whole from the abdomen, held only by the left Fallopian tube. After dividing this the tumor was separated from the body, and I had a fair chance to examine it. The cyst was in a collapsed state, as there had been for a week before she died about two or three pints of fluid discharged every day from the opening, attended with much fœtor. The cyst embraced three distinct tumors, besides a distinct cavity from whence we drew so much water. In this cavity was deposited, at this time, three pints of fluid, and pus or sanies. One of the tumors, the largest, lay near the point first tapped, the one so distinctly felt when you were here. It was irregular in its shape, and would weigh nearly three pounds. This tumor had a healthy appearance, but resembling a fungous growth. There was another tumor a little below the navel, about as large as a goose egg. This looked like the ovarium itself in an enlarged state. On opening it a number of vessels were found, containing a transparent fluid. It was this which was wounded and caused some hemorrhage at the time I attempted to draw water, prior to the time you was called in counsel. These, with other small tumors, were enveloped within the membrane surrounding the whole. It appeared as if the ovaria had been ruptured, and these distinct tumors were fragments detached from each other, and lining organized bodies of a fungous growth. The tumor below the navel, which had been wounded, was

morbid in part, and most of the purulent matter, I think, came from that tumor and the internal surface of the cyst adjacent.

"I have now no doubt a surgical operation in season would have saved our patient. All that would have been necessary would have been to make an incision large enough to ligate the Fallopian tube and remove the cyst with its contents. It would have been unnecessary to use a knife within the abdomen, except to cut the Fallopian tube. Had you seen the dissection, I think you would have felt as I did, and lamented very much that an operation had not been performed. All the chylopoietic viscera were healthy, and I think there could not have been more circumstances combined to have rendered your proposed operation successful.

Respectfully yours, A. MILLER."

I was consulted in the case of Miss Whitney, in Ohio. She was 49 years old. She had been diseased in the abdomen thirty-two years, and various opinions and treatment had been given her during this time. A great and uniform distension of the abdomen attended her during the latter part of this time, with much difficulty in sleeping in a recumbent posture. The secretions of her system with its healthy actions, had been but little interrupted or deranged. She suffered much two months before her death by gastric irritation, difficulty of retaining food, &c. A medical consultation was held, and paracentesis resolved upon. This was made by passing a lancet and tube into the abdomen through the linea alba, and three quarts of fluid abstracted. It was called pus, but was of the color and consistence of whey, mixed with chocolate, and emitted much stench. No diminution of the enlargement followed, nor could there be any produced by compression. She expired in a few days after this operation.

Post-mortem examination, fourteen hours after death, developed the following appearances. The body extremely emaciated; a very uniform enlarged abdomen, solid and incompressible. On dividing the integuments, muscle and peritoneum, the last was found adhering firmly to a cartilaginous body or sac of one quarter of an inch in thickness, and in some places it was half an inch thick and partly made up of bone, so firm that no impression could be made upon it with a knife. This sac occupied the whole of the right side of the abdomen and part of the left. It had pressed the viscera of the abdomen to the left side of the spine, except the right kidney, uterus and bladder, which were found in their natural state and position. The shape and size of the sac were like a ten-gallon keg. On opening it a quantity of fœtid gas escaped, and about five gallons of fluid were taken out of it similar in color and consistence to chocolate; the whole interior of the sac was lined with a deposite, of the consistence of curdled cheese, easily wiped off from a membranous surface, in a state of gangrene. The liver and stomach were pressed into the left side, bounded by the diaphragm above, the morbid sac over the spine, and the bowels below. The diaphragm of the right side, the cervix portion of the liver, the duodenum, some portions of the omentum and the surface of many portions of the bowels adhered firmly to the sac. All the compressed viscera were diminished in size. The whole extent of the colon was so small that it was difficult to trace it out in the dissection.

The liver appeared to be sound, but of little more than half its natural size. Death and gangrene had pervaded the whole of this sac, and to the peritoneal lining which adhered to it. Its long pressure upon the transverse muscles on the right side had produced a changed state and thickening of these parts, which corresponded to the state of the ovarium and Fallopian tube on this side, which was in an enlarged and scirrhous state, and formed one enlarged mass, and now in a gangrenous state. Distinct tubercular formations were numerous in the cellular and muscular portions over the right side. The body of the uterus was healthy and natural, as well as the left ovarium and Fallopian tube. These, with the bladder, were pressed low into the pelvis.

This was undoubtedly a disease of the fibrous envelope of the right ovarium in the first place. A deposition of fluid took place, similar to what occurs in hydrocele in the male. A tumor made its appearance above the pubis near the median line to which it afterwards approached, and increased in size, till it produced a uniform enlargement of the abdomen. An obscure chronic process in time thickened and produced a cartilaginous state of the cyst, attended with but little or no pain or tumefaction. In cases of long standing this changes to an osseous state, as does the tunic vaginalis in hydrocele. The dissection in this case proved that it was not the entire organ of the ovarium that was converted into the sac. This organ was found enveloped in the sac, enlarged and scirrhous, and this was probably a secondary affection, occasioned by pressure and congestion from interruption of its functions. The same frequently happens to the testicle in hydrocele, and often the reverse happens with this organ, an accumulation of fluid following a scirrhous state of it. From what I have remarked, you perceive, that the development of the ovaria at the age of puberty, has much to do in producing the changes in the intellectual and physical condition of females, and that it is to changes in its vesicular body, at the time of menstruation, that all the phenomena of that singular process are to be referred; and that it is not to the uterus, but to the ovaria, that we may attribute all the changes in the female pelvis, mammæ and uterine system at puberty. Menstruation does not take place till the ovaria are developed. After the age of 45 or 55, this secretion ceases because the structure of the ovaria has partly disappeared, and their vesicles have shrunken into a thick, opaque cyst. In many cases of disordered menstruation, chlorosis, &c., the uterine appendages are diseased, and when irritation, congestion or inflammation is removed, there is recovery. In puerperal fevers the ovaria are inflamed and their structure often disorganized. Abscesses form and pus is secreted.

And you perceive that the ovaria are subject to cysts and tumors which pass through morbid changes and become cases for surgical treatment. In giving you the few cases which I have very briefly detailed, they may assist you in forming an opinion on these interesting subjects.

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DR. INGALLS'S LETTER ON YELLOW FEVER.

[Continued from page 35.]

REMARKS.—The narrative of the following fatal case is here introduced, as it may, in some measure, serve as a guide in the treatment of this malady.

August 15. Wm. McFarland, a house-carpenter, was attacked. On the Friday previous to the incursion of the fever he was indisposed, and called on me for advice. The arteries of the tunica conjunctiva being turgid, the pulse somewhat accelerated, and the tongue coated, denoted the period of incubation had commenced. These symptoms were so evidently indicative of the approach of the disease, I did not hesitate to advise him to go home, and make use of such remedies as the state of his case required. He was desirous of not relinquishing business till after Saturday, for on that day, as is customary, he wished to pay off his hands, as well as to finish some work he had promised to do. I remonstrated against any delay, as it would greatly lessen the chance of recovery, but without effect. On Sunday I was sent for, and found him laboring under the disease. His head was shaved, and cold water applied in the usual manner, at various times in the course of the day, until it had the effect of inducing a rigor. Being apprehensive this result might prove to be disastrous, recourse was had to such remedies as were calculated to produce most speedily a re-action. It did not appear, however, that the course of the fever was much disturbed by the occurrence. Mr. McFarland was sick in the upper room of a house in a block of buildings, and his wife, who was taken on the 14th, lodged in a lower room of the adjoining house. He rose on the night of the 17th, descended two flights of stairs, went out of doors, entered the room where Mrs. McFarland lay, and encamped on the floor. Thus, there was an interruption in the continuity of treatment, which is considered essential to the cure. On the fifth day, the powers of life being much prostrated, I procured a bottle of claret wine of a superior vintage, and permitted the patient to drink of it *ad libitum*. It was about 3 o'clock when he began to drink of the wine. At that time he sat up in a chair and conversed with me some time; his intellectual faculties through the whole course of the disease had not been much impaired. He expired about 6 o'clock. It appeared to me the wine was far from being attended with a beneficial effect. From this case I drew the inference, in two important respects, that the application of cold may be persisted in too long; and that stimulating remedies in the last stage, owing to their being liable to bring on re-action prematurely, should be avoided.

THEORY.—The cause of *yellow fever* produces an inflammation* of the mucous membrane of the stomach, intestines, and the pori biliarii.† That the inflammation partakes, at least in one respect, of the nature of erysipelas,‡ appears from its frequently commencing in one portion of the

* I am aware that Baron Louis says the inner membrane of the biliary ducts was not inflamed; but he has not shown what were the particular tissues that suffered from the action of the contagion, or "cause" of yellow fever.

† "Nor can we regard this alteration of the liver"—"speaking of its paleness—as the product of inflammation."

‡ "Un des caracteres non moins remarkable d'erysipéles, et qui lui mérite ce nom, c'est la fac lite avec laquelle la phlegmasie se deplace, et tend á gagner en etendue."

alimentary canal, and being alternately diffused over its whole extent, either uniformly, or in successive patches. In confirmation of this position, in many instances in 1798, the first intimation of the approach of the yellow fever was pain in some portion of the digestive tube, to which soon succeeded unequivocal symptoms that it had taken possession of the system. In the course of my practice in the same year, I met with two persons, each of whom complained of pain and tenderness in the iliac region, embracing a spot of an extent just sufficient to cover the region of the cæcum. I told them these affections arose from an inflammation, which was the precursor of the prevalent fever, and that as soon as it extended as far as the stomach, its appropriate symptoms would make their appearance. My prediction was verified. Again, it appears from the anatomical investigations of Baron Louis, in his invaluable work on the yellow fever at Gibraltar, translated by G. C. Shattuck, Jr., M.D., that, at times, the "cause" of the disease acts with unequal energy on the several portions of the digestive canal, and even on different parts of the liver; so that the features of the disease are modified according to its seat, as well as the intensity of the inflammation. The fever does not assume its true character, or proper type, until the inflammation* reach to the mucous membrane of the pori biliarii, and excite a secretion of acrid bile, which irritates the already too susceptible membrane of the digestive tube. To remove this source of irritation, I placed my chief dependence on the thorough evacuation of the contents of the stomach and intestines. I did not, however, neglect to employ such adjuvants as might assist in subduing this formidable malady.—I shall now proceed to describe the remedies that were prescribed, in the order in which they were administered.

Cold.—Having found cold applied to the head had a powerful effect in controlling the inordinate action of the heart, this remedy was resorted to in a degree proportioned to the violence of the febrile incursion. In severe cases, the head was shaved, and large cloths wet with cold water were applied suddenly and repeatedly, until an impression was made upon the central organ of circulation, indicated by the diminution of the frequency and irregularity of the pulse. In milder cases the shaving of the head alone was sufficient. In some states of the disease and some states of the patient the application of cold in any form was inexpedient; and, of course, it was not advised.

There is a reciprocal relation between the functions of the liver, heart, lungs and brain through the medium of the nervous system, and that of the circulation. When the function of one of these organs is disturbed, those of the rest suffer in a greater or less degree; and, therefore, the affusion of cold water to the head undoubtedly makes an impression on all the organs above mentioned; but, in this disease, the inordinate action of the heart is moderated mainly by the sedative power the remedy possesses of mitigating the morbid irritability of the tissues concerned in the secretion of bile. The application of cold may be carried so far as to produce a cold fit, a result that should be avoided. The application of

* The reader, if he choose, may substitute the terms, the "cause of fever," or irritability, or any other word, as by the word inflammation I mean merely a morbid state of the tissues diseased.

cold to the head has been recommended, and no doubt, under favorable circumstances, its use has been beneficial; but the difficulty of putting it in practice, will be an obstacle to its being generally adopted.

Cold applied to the chest makes a most powerful impression on the respiratory apparatus, and on the organs of circulation; and, at times, in the last stages of this formidable malady, has arrested its career to a fatal termination. In one case that occurred in 1798, the foundation of recovery was justly attributable to the nurse's throwing cold water on the chest, laid bare, with both hands, from a pail at the bed-side, until she roused the patient from the comatose state into which she was rapidly falling. From this time, re-action gradually took place, and, ultimately, a restoration to health ensued. But in my practice in 1819, it did not appear to me advisable to adopt this remedy in a single instance.

During the prevalence of the yellow fever in the year mentioned in the above paragraph, by the recommendation of Dr. Eustis, afterwards Governor of Massachusetts, I threw several buckets of cold water on two individuals, who were in the last stage of the disease, without the slightest advantage. Dr. Whipple informed me he attended a patient who recovered—he attributed his success to sponging the patient several times a day, all over the surface of the body, with cold water.

[To be continued.]

HOPKINS MEDICAL ASSOCIATION.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I forward you the proceedings of the Hopkins Medical Association at their annual meeting, which you will please publish, if you deem them of sufficient interest. Respectfully yours,

S. Shurtleff.

The annual meeting of the Hopkins Medical Association was held at the Eagle Tavern, Hartford, Ct., June 10, 1841. The following officers were chosen for the ensuing year:—Amariah Brigham, M.D., *President;* Denison H. Hubbard, M.D., *Vice President;* Simeon Shurtleff, M.D., *Recording Secretary;* George B. Hawley, M.D., *Corresponding Secretary;* Gurdon W. Russell, M.D., *Treasurer.*

No epidemic has been witnessed by any of the members for the last four months. Several cases were reported, some of pneumonia, which were of particular interest from their peculiar manifestation. Dr. Alfred Kellogg read a dissertation on the subject of gout and rheumatism.

The technical terms arthrosia, arthrosis and arthritis (Dr. K. remarked), when applied to gout and rheumatism, are neither of them comprehensive enough. They imply that the joints only are the parts affected; but this is erroneous, for the disease does not always commence in those parts, and is not always confined to them.

The terms gout and rheumatism have been used in a vague and indefinite manner, not only by common people, but even by physicians themselves. The line of demarcation between them is difficult to be drawn, and has been drawn differently by different authors, and might as well, in

my opinion, have never been drawn at all. Gout and rheumatism are essentially the same disease; they attack the same tissues, their symptoms and terminations are similar, and they are generally cured or relieved by the same remedies. It is the height of absurdity to consider inflammation of the fibrous parts connected with the joint of the great toe, as constituting one disease; and inflammation characterized by traits precisely similar, affecting the fibrous parts connected with any other joint in the body, as constituting a different disease.

There appears to exist in the human constitution, a predisposition, or greater proneness, to some particular disease than to any other. It appears also to be a fact, that some particular condition of the system favors the development of some particular disease more than it does that of any other. This particular condition of the system has been designated by the term diathesis. The liability, therefore, to rheumatic inflammation, and the peculiar form and intensity of the disease, would seem to be in the compound ratio of the predisposition, the diathesis, and the exciting causes. When this species of inflammation primarily attacks a person of uncommon vigor of constitution, it seems to have a particular determination to, and spends its fury principally upon, the inferior portion of the lower extremities. This form of the disease is usually denominated gout. But if the constitution be less vigorous, or the predisposition or the diathesis less remarkable, then the larger articulations and all the other parts of the body susceptible of the disease, become the seat of it. This is the form usually styled rheumatism. When accompanied with active fever, tumefaction, heat and redness, it is denominated acute or inflammatory rheumatism; but when these symptoms are not present, it is called chronic rheumatism.

The predisposition to gout and rheumatism exists, apparently, in different degrees in different subjects. A man in whom the predisposition is not very great, may therefore so successfully avoid the diathesis essential to the disease, that he may never experience a single paroxysm, during the course of a long life. This seems probable from the fact, that some individuals have for a series of years pursued a course of industry and temperance, and were strangers to the disease; but afterwards, on abandoning themselves to luxury and indolence, they soon became its victims. On the other hand, where the predisposition to the disease is very strong, it may be very difficult in some cases, even where the strictest rules of temperance are observed, to prevent its development. In such cases I apprehend the appetite for food will be found to be very strong, the powers of digestion and assimilation perfect, and the system naturally inclined to run into plethora, without any abuse of the good things of this life. There are some individuals in whom the predisposition to gout and rheumatism appears to be wholly wanting, inasmuch as, in regard to them, the most powerful exciting causes have never been able to produce it. They may have been addicted for a long time to the immoderate use of fermented and spirituous liquors, as well as of rich and high-seasoned food, and may have lived in ease and idleness, yet they have never experienced either the gnawings of gout or the torments of rheumatism.

The appropriate seat of rheumatic inflammation is said to be the fibrous system, which is understood to include the capsules of the joints, the fibrous

sheaths, the periosteum and other fibrous membranes, the aponeuroses, tendons and ligaments. Some have doubted whether the muscles are ever the seat of true rheumatic inflammation; but in my mind there is no doubt that they are. When there is pain and soreness in the side or back of the neck, with inability to move the head in any direction; what is it but genuine rheumatic inflammation of some of the muscles employed in rotating the head? When there is pain in the chest, frequently shifting its place, with soreness on pressure, attended with some cough and difficulty of breathing, and but little expectoration or febrile excitement, what else is it but a rheumatic affection of the diaphragm or some of the muscles about the parietes of the thorax, employed in respiration? Cases of this kind frequently occur, and may be mistaken for inflammation of the liver or lungs, or incipient consumption, and may be treated as such, when they ought to be considered and treated as mild cases of rheumatism only. But whatever parts of the system are to be considered as most liable to this species of inflammation, it is evident that in some cases, but few of the tissues or organs of the body are able to escape its ravages. The skin is sometimes red, hot and swollen, and the cellular membrane inflamed and its cells filled with serous fluid; occasionally, also, phlebitis makes its appearance, exhibiting the same hard, red, linear, and cord-like elevation of the skin, by which that disease is usually characterized. In a case which I once saw, there was evidently inflammation of the kidneys. attended with hemorrhage, pieces of coagulated blood of a cylindrical form having been discharged with the urine. On account of the peculiar tendency of this disease to metastasis, some parts of the system essential to life, as the pericardium, or heart, or some of the contents of the cranium, or the stomach or bowels, occasionally become involved in the complaint; and whenever this may happen to be the case, it is easy to perceive that rheumatic inflammation may, and we know that it sometimes does, prove fatal. The termination of this malady is seldom in suppuration or gangrene, but usually in resolution or effusion. It has, however, been known to result in the formation of an abscess.

The diathesis essential to the development of this disease consists chiefly, in my view of the subject, in plethora or an undue quantity and morbid quality of the blood, induced by receiving into the stomach and digesting a greater portion of aliment than the real wants of the system demand. The volume of the blood is preternaturally increased, its consistence becomes too great, and too much pressure is exerted upon the parietes of its vessels; there is an unnecessary and injurious accumulation of those materials which go to repair the waste of the system, or add to its substance; the delicate machinery of life becomes obstructed, and irritation and disease, either local or constitutional, is the consequence. Nature at length makes an effort to throw off the load by which she is oppressed, and if she perish not in the attempt, and receive no succor from the healing art, ere long finds relief in some critical and copious evacuation from the bowels, the skin, the kidneys or capillary bloodvessels.

It has been said that a free use of fermented liquors has a tendency to produce this disease; and they are considered to be more influential in this respect than even ardent spirits. The opinion is probably correct. But

in what way do they produce this effect? Evidently, I think, by inducing plethora, and that not directly by their narcotic, but remotely by their tonic powers. Pure narcotics do not increase, but, on the contrary, diminish the appetite. Great opium-takers are seldom plethoric, or subject to gout and rheumatism. In Turkey and China, and other eastern countries, where the use of opium is common, and the consumptionn of fermented and alcoholic liquors and animal food is extremely limited, gout and rheumatism are rare diseases. The exciting causes of this disease are those of many and most other diseases, viz., cold, great fatigue of body or mind, long-continued vigilance, disappointment, grief, and other depressing passions, and the sudden suppression of accustomed evacuations.

In the treatment of this disease I pay but little attention to any imaginary lines of distinction between gout and rheumatism, but am governed solely by the state of my patient's system, and what my own experience and that of others dictates as proper to be done, under existing circumstances. Where the patient is robust, the febrile excitement high, and the pulse full and strong, bloodletting is imperiously demanded, and gives great and permanent relief. In most cases, whether attended with much fever or not, I generally administer some combination of cathartic, diaphoretic and diuretic medicines, or some single medicine capable of producing the same effect, with a view of exciting to increased action, the bowels, the skin, the kidneys and all the organs of secretion at the same time. For this purpose opium, ipecac, antimony, supertartrate and nitrate of potash, pulv. guaiac., rhubarb and sulphur, are employed in various combinations and proportions. The wine of colchicum is an excellent remedy, producing effects similar to those which are produced by a combination of several other articles, viz., catharsis, diophoresis, diuresis, and mitigation of pain. Cathartics are useful to change the secretions, remove plethora, and improve the quality of the blood. Opium alone, with camphor, or in the form of Dover's powder, is invaluable as an anodyne and sudorific, regard being always paid to the state of the system at the time of its administration. Mercury is particularly useful, both as a cathartic, and as an alterative in obstinate cases. The quinine I do not use till the disease is routed and on the decline. In acute rheumatism after copious bleeding, the vol. tinct. guaiac. in tablespoonful doses, frequently repeated, is said to be extremely efficacious, and in chronic rheumatism almost every person is acquainted with its value. In cases of irritability of the stomach, nausea and vomitinc, I apply strong sinapisms to the epigastric region, and give carbonic acid, with the carbonate of soda or ammonia in some aromatic infusion. When there is a sensation of icy coldness in the stomach, strong stimulants, as mustard, capsicum, vol. tinct. guaiac., alcohol ammoniat., &c., should be administered. In regard to local applications, where the heat of the part is greater than natural, it should be reduced by evaporating lotions, or cold affusion; but where there is a morbid paleness and coldness of the parts, warm and stimulating applications should be made, viz., liniments, sinapisms, blisters, friction, silk, wool or cotton, and essential oils dissolved in alcohol, or mixed with the oil of olives; and in some cases of sciatica and lumbago which have become obstinate and unyielding, let us not forget that scarification and cupping, succeeded by blisters or issues, are worthy of serious consideration.

ORTHOPEDIC SURGERY.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—An abusive communication of me and the Orthopedic Institution appeared in your Journal of yesterday, signed by Thos. Chadbourne, of Concord, N. H. I know nothing of Dr. Chadbourne except that he put a young lady, *a relative of his*, under my care, for which he has never paid me. When she returned home, I made a present to Dr. Chadbourne of some part of the apparatus that she used while under my care, and gave measures and directions so that he could have other parts made. The abusive communication in your Journal, I suppose, is the gratitude he returns. At any rate I shall take no further notice of him.

Boston, Aug. 13, 1841. J. B. Brown.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 25, 1841.

AMERICAN SOCIETY OF DENTAL SURGEONS.

A session of this new and important Society has lately been held at Baltimore. The next meeting is to be held in Boston, on the third Tuesday of July, 1842. This is agreeable intelligence, as we have taken peculiar interest in the transactions of the Association, from a conviction that its influence would give character to the dental profession in this country, and purge the States, in the end, of a legion of itinerant, half-taught, or untaught dentists, who have made toothless or severely injured many of the unfortunate subjects of their unhandy, unscientific manipulations. For the very kind but unmerited resolution of the Association, respecting this Journal, which was communicated to the editor by our respected friend, Dr. Harris, we return our grateful acknowledgments.

American Medical Library and Intelligencer.—A new series of this work was commenced on the 1st of July, and is to make its appearance monthly, at the moderate price of five dollars a year—just half the former cost. Having no envious feelings to indulge, in regard to the circulation of medical periodicals, every effort to disseminate light and knowledge, especially that which so nearly concerns the comfort and happiness of the great family of man, as correct principles in medicine, by the multiplication of new Journals or the improvement of old ones, is a source of unfeigned delight. The world is quite large enough for us all—and we most heartily, therefore, welcome our friend, Dr. Dunglison, with the new series—hoping that its success may equal the merits of the learned editor.

Calisthenic Exercises.—A refined civilization is unfortunately accompanied by various forms of physical deterioration, for which it is one of the special objects of science to provide a remedy. People of advanced age, who do not trouble themselves to philosophize on whatever strikes them as a departure from the common appearance of every-day things,

never heard, in their youth, of curved spines, distorted shoulders, or any other unsymmetrical derangement of the frame-work of the body, which are so characteristic of the present age, that institutions are exclusively devoted to their correction. Experience shows, too, that they are exceedingly necessary, and they have been, therefore, well sustained by the intelligent public, and always sanctioned by the medical profession. Very recently, Mrs. Hawley, formerly Madame Beaujeu, of England, has commenced a series of calisthenic exercises for young misses in this city, which are recognized by very distinguished physicians of Philadelphia, New York and Boston, as worthy of the patronage of parents. It is unnecessary to enlarge upon the value of exercise for young ladies in a crowded city. Those who will take the pains to inspect Mrs. Hawley's hall, corner of Bromfield and Tremont streets, will be satisfied of the utility of her system. With a view of bringing the subject before the profession of Boston and its neighborhood, that they may avail themselves of the curative means which judicious calisthenic exercises promise in many conditions of a debilitated system, particularly in young girls, we are desirous of directing their attention to this lady's qualifications and claims.

Medical Examinations.—Eleven students of medicine have passed an examination for the degree of M.D. at Harvard University, the ensuing commencement. A large number will be admitted the present season, at other institutions, South and West. No wonder the question is asked—where are they all to find practice? There are too many in all the cities, and not enough in many places in the country. It is often a miserable waste of life to keep hoping for that which not more than one in ten has the tact and ability to procure by the practice of physic in cities, viz.—daily bread. Let it be recollected, however, in all places, that industry should be judiciously applied, as success in many cases depends upon a faculty for timing personal efforts.

Coombs's Popular Phrenology.—It will be noticed that the author spells his name differently from the celebrated Edinburgh phrenologist, although pronounced alike. Mr. Frederick Coombs is known for his love of the science, the beauty and value of his cabinet, but principally by several small treatises on that which, to him, is the subject of all subjects, viz.—phrenology. The essay which has elicited these remarks, is a neat little volume, containing exact phrenological admeasurements of above fifty distinguished and extraordinary personages, of both sexes, &c., together with fifty engravings on wood, illustrative of the author's propositions. There is more of an exhibition of a cultivated literary taste towards the close of the book, than in any of Mr. Coombs's former works. Not coming precisely within the jurisdiction of a medical critique, we must pass it over to the hands of professed phrenologists, by whom it will be appreciated if it has merit.

University of Maryland.—Dr. Samuel Chew, of Baltimore, represented to be a man of fine literary and scientific acquirements, was elected, a few days since, to the chair of materia medica and therapeutics in the University of Maryland, in the place of Dr. S. G. Baker, whose death was greatly deplored by the whole community.

Medical Arrivals from England.—In the steamer Columbia, from Liverpool, which arrived at this port on Thursday morning last, came Dr. A. Jones; Dr. J. E. Taylor; Dr. Barton; Dr. March, one of the professors in the Albany Medical College; Dr. William Jones and Dr. Stratton, of the British Navy. Dr. R. Spear was landed at Halifax. The celebrated Mr. Charles Lyell, president of the Geological Society, author of an admirable work, well known to the scientific in this country, arrived here two weeks before. He is travelling, at present, in the interior, but is expected to return to Boston early in the autumn, to deliver a course of lectures before the Lowell Institute, at the Odeon.

India Journal of Medicine.—In the October No. of the India Journal, 1840, may be found a re-print of a lecture on malformations and injuries of the uterus, by Dr. A. Trowbridge, of Willoughby University, from the Boston Medical and Surgical Journal. Also an article on the enlargement of the thymus gland, by J. M. Tewksbury, M.D., of Oxford, Me.; together with a paper on the structure, functions and pathology of the spleen, by William Ingalls, M.D., of Boston.

To Correspondents.—We acknowledge the receipt of the following papers, which will have insertion as soon as possible, viz.: An article on Death by Poison; Case of Nymphomania, from Drs. Hor and Sprague; Dr. Hamilton's Surgical Cases; Dr. Shipman's Case of Compound and Comminuted Fracture; Dr. Paine's communication; Justitia; and one from Dr. Davenport, of an unusually interesting character.

Number of deaths in Boston for the week ending Aug. 21, 53.—Males, 28; Females, 25. Stillborn, 1.
Of consumption, 10—dysentery, 3—cholera infantum, 3—inflammation of the bowels, 6—lung fever, 2—disease of the heart, 1—bowel complaint, 4—fits, 1—liver complaint, 1—canker in stomach, 1—teething, 2—canker, 1—palsy, 1—cholera morbus, 2—hemorrhage from the bowels, 1—infantile, 4—scarlet fever, 2—dropsy, 1—abscess, 1—accidental, 1—disease of the head, 1—rheumatism, 1—croup, 1—intemperance, 1.

THE BALTIMORE COLLEGE OF DENTAL SURGERY.

The Second Session of this Institution will commence on the first Monday of November next. The faculty is constituted as follows:

Horace M. Hayden, M.D., Professor of Dental Physiology and Pathology.
H. Willis Baxley, M.D., Professor of Special Anatomy and Physiology.
Chapin A. Harris, M.D., Professor of Practical Dentistry.
Thos. E. Bond, Jr., M.D., Professor of Special Pathology and Therapeutics.

Candidates for graduation are required to attend two full courses of lectures, and to sustain a rigid examination upon the subjects taught in the Institution. A course of lectures in any respectable medical school will be considered equivalent to one in this.

To those who desire to prepare thoroughly for the practice of dentistry, the Baltimore College of Dental Surgery offers great advantages. The Faculty, sustained by the approbation of the medical and dental professions, will exert themselves to do justice to their pupils and the public. They have abundant facilities at their command to enable them to perform the duties they have assumed, and it will be their constant aim to make the important Institution under their charge highly and permanently respectable.

A 25—tN THOS. E. BOND, JR., Dean.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.
Session 1841-42.

The Lectures will commence on Monday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing:—

Practice and Theory of Medicine, by	Nathaniel Chapman, M.D.
Chemistry, by	Robert Hare, M.D.
Surgery, by	William Gibson, M.D.
Anatomy, by	William E. Horner, M.D.
Institutes of Medicine, by	Samuel Jackson, M.D.
Materia Medica and Pharmacy, by	George B. Wood, M.D.
Obstetrics and the Diseases of Women and Children, by	Hugh L. Hodge, M.D.
Clinical Lectures on Medicine, by	W. W. Gerhard, M.D. and
" on Surgery, by	Drs. Gibson and Horner,

Will be delivered at the Philadelphia Hospital (Blockley). Students are also admitted to the Clinical Instruction at the Pennsylvania Hospital, in the city.

W. E. HORNER,
Aug. 20, 1841. A 25—tDecl *Dean of the Med. Faculty*, 263 *Chesnut st., Philadelphia.*

ALBANY MEDICAL COLLEGE.

THE next annual session of Lectures will commence on the first Tuesday in November, 1841, and continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES M'NAUGHTON, M.D., Prof. Theory and Practice of Medicine.
T. ROMEYN BECK, M.D., Prof. Materia Medica.
EBENEZER EMMONS, M.D., Prof. Obstetrics and Natural History.
LEWIS C. BECK, M.D., Prof. Chemistry and Pharmacy.
JAMES H. ARMSBY, M.D., Prof. Anatomy.
THOMAS HUN, M.D., Prof. Institutes of Medicine.
AMOS DEAN, Esq., Prof. Medical Jurisprudence.

Fees for all the courses, $70. Graduation fee, $20. Matriculation fee, $5. Boarding from $2 to $3,50 per week.

ALDEN MARCH, M.D, *President of Faculty.*
Aug. 11—6w J. H. ARMSBY, M.D., *Registrar.*

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians:—

JOHN C. WARREN, M.D. WALTER CHANNING, M.D. ENOCH HALE, M.D.
GEORGE C. SHATTUCK, M.D. GEORGE HAYWARD, M.D. JOHN WARE, M.D.
JACOB BIGELOW, M.D. JOHN RANDALL, M.D.

At the annual meeting of the Committee, July 28, 1841, the Boylston Premium, of fifty dollars value, for the best Dissertation on the question—"To what extent is disease the effect of changes in the chemical or vital properties of the blood?" was awarded to J. F. W. Lane, M.D., of Boston.

The questions for 1842 are, 1st—"To what extent is the human system protected from smallpox by inoculation with the cowpox? Is the protection increased by re-vaccination; and if so, under what circumstances?"

2d. On the diseases of the kidney; and the changes which occur in the appearance and composition of the urine, in health and in disease.

Dissertations on these subjects must be transmitted, post-paid, to John C. Warren, M.D., of Boston, on or before the first Wednesday of April, 1842.

The following subjects are offered for 1843:—

1st. The best method of warming and ventilating rooms for preventing and curing disease.

2d. The structure and diseases of the teeth, with a numerical solution of the question, Can caries of the teeth be retarded by mechanical processes?

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1843.

The author of the successful dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

Unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if applied for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author is considered as bound to print the above vote in connection therewith.

ENOCH HALE, *Secretary.*
Boston, July 29, 1841. A. 4—4w

UNIVERSITY OF THE STATE OF NEW YORK,

COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

THE annual course of Lectures for the session of 1841 and 42 will commence on the first Monday of November, 1841, and continue until the first of March, 1842.

J. AUGUSTINE SMITH, M.D., Prof. of Physiology.
ALEX. H. STEVENS, M.D., Emeritus Prof. of Surgery.
JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Physic and Clinical Medicine.
JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.
JOHN TORREY, M.D., Prof. of Chemistry and Botany.
ROBERT WATTS, JR., M.D., Prof. of General, Special and Pathological Anatomy.
WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.
JAMES QUACKENBOSS, M.D., Demonstrator of Anatomy.

Matriculation fee, $5. Fee for the full course of lectures, $108. Dissecting and Demonstration ticket, $5. Graduation fee, $25. Good board may be procured in this city for from $2,50 to $3,00 per week.

N. B.—A preliminary course of lectures will be delivered by the Faculty during the month of October, commencing on the first Monday. This course will be free to the students of the College. The dissecting rooms will be opened for the season on the first Monday of October.

New York, 15th June, 1841. Je 23—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 134 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.